

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER, UNDER ORDINANCE # 13. Notify Spencer County Occupational Tax Tax Administrator of any change in ownership of name and address shown above.

- | | | |
|---|-------|----------|
| 1. NUMBER OF TAXABLE EMPLOYEES | _____ | |
| 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID | _____ | \$ _____ |
| 3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF _____ SPENCER COUNTY OCCUPATIONAL _____ | _____ | |
| 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) | _____ | |
| 5. ACTUAL TAX DUE IN QUARTER AT 1.00 % | _____ | \$ _____ |
| 6. ADJUSTMENTS (PRIOR QUARTER) | _____ | |
| 7. INTEREST (5% PER MONTH) AFTER DUE DATE | _____ | |
| 8. PENALTY(1% PER MONTH NOT TO EXCEED _____ %) | _____ | |
| 9. TOTAL TAXES DUE INCLUDING INTEREST PENALTY | _____ | |

IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED
HEREIN AND ANY SCHEDULES OR EXHIBITS ARE TRUE AND CORRECT.

SIGNED

OFFICIAL TITLE _____

DATE _____

Spencer County Occupational Tax

QUARTERLY PAYROLL TAX

Make Check Payable To: **Spencer County Treasurer**

Name,
Account No.
Address Of
Employer

[illegible]

ORIGINAL - RETURN TO

**MAIL TO: Spencer County Occupational Tax
P O Box 397
Tavlorsville, KY 40071
Phone: (502) 477-2997
Fax: (502) 477-2998**